



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michel Therin et al

Examiner: Melanie Tyson

Serial No.: 10/690,625

Group: Art Unit 3731

Filed: October 23, 2003

Docket: 1600-25 (BR040489)

For: PROSTHESIS FOR REINFORCEMENT
OF TISSUE STRUCTURES

Dated: April 2, 2007

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Applicant claims small entity status of this application under 37 C.F.R. 1.27
 No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY OR		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDL. FEE		RATE	ADDL. FEE
TOTAL	19*	MINUS	22**	= 0	x 25=	\$		x 50=	\$0
INDEP.	2*	MINUS	3***	= 0	x 100=	\$	OR	x 200=	\$0
					x 180=	\$		x 360=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					TOTAL	\$ 0.00	TOTAL		\$0

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

*** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Dated: April 2, 2007

Peter DeLuca

- Please charge Deposit Account No. 50-2140 in the amount of \$ _____. Two (2) copies of this sheet are enclosed.
- A check in the amount of \$ ____ is enclosed.
- Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



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PD/dag